



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)					
Marie-Paule KIENY et al.) Group Art Unit: 1632					
Application No.: 09/462,993) Examiner: Qian Janice Li					
Filed: April 17, 2000) Confirmation No.: 5746					
For: ANTITUMORAL COMPOSITION BASED ON IMMUNOGENIC POLYPEPTIDE WITH MODIFIED CELL LOCATION))))					
AMENDMENT AND REPLY	TRANSMITTAL LETTER					
Assistant Commissioner for Patents Washington, D.C. 20231	RECEIVEL FEB 1 9 2003					
Sir:	TEOU : EB 1 9 2003					
Enclosed is a reply for the above-identified pa						
[X] A Petition for Extension of Time is also enclosed.						
[] A Terminal Disclaimer and a check for [] \$55.00 (2814) [] \$110.00 (1814) to cover the requisite Government fee are also enclosed.						
[X] Also enclosed is Associate Power of Attorney; Submission of Formal Drawings; Figures 1 - 5						
[] Small entity status is hereby claimed.						
[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
[] Applicant(s) previously submitted, on, for which continued examination is requested.						
exceed three months from the filing of	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[] A Request for Entry and Consideration (146/246) is also enclosed.	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)					

- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202)=	
Independent Claims		MINUS =		× \$84.00 (1201)=	
If Amendment adds mu	ltiple depend	ent claims, add \$280	0.00 (1203)		
Total Amendment Fee			·		
If small entity status is	claimed, sub	tract 50% of Total A	mendment F	ee	

[] A claim fee in the	ne amount of \$	is enclosed.	
[] Charge \$	to Deposit Accou	int No. 02-4800.	

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:____

Christopher L. North, Ph.I Registration No. 50,433

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: February 12, 2003